



**State of Maine**  
**Department of Professional & Financial Regulation**  
**Office of Professional & Occupational Regulation**

**INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	
<b>CRIMINAL BACKGROUND DISCLOSURE</b>			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one)      NO      YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)      NO      YES			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

**MAINE BOARD OF ACCOUNTANCY**  
**APPLICATION FOR LICENSURE ON THE BASIS**  
**OF AN OUT-OF-STATE LICENSE (*Substantial Equivalency*)**  
**Required Fee: \$76.00 (includes criminal records check fee)**

*Office Use Only:*

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_  
1421- \$55.00  
2619- \$21.00

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	FIRST	MIDDLE INITIAL	LAST
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my ( <input type="checkbox"/> VISA or <input type="checkbox"/> MASTERCARD ) the following amount: \$ _____			
Card number: XXXX-XXXX-XXXX-XXXX		Card Expiration Date mm / yyyy	
Check Here ( <input type="checkbox"/> ) I understand that fees are non-refundable		DATE	
SIGNATURE		DATE	

## AUTHORIZATION FOR LICENSURE INFORMATION

Department of Professional and Financial Regulation  
Office of Professional & Occupational Regulation

**Maine Board of Accountancy**

35 State House Station

Augusta, ME 04333

207/624-8672

207/624-8636 Fax

Email: [accountancy.board@maine.gov](mailto:accountancy.board@maine.gov)

Last Name:	First Name:	Middle Name:	
Mailing Address:			
City:	State:	Zip Code:	
Social Security Number:		Certificate Number, if Applicable:	
Date of Birth: ____/____/____		Home Telephone: (____)____-____ Work Telephone: (____)____-____	

I hereby request and authorize the \_\_\_\_\_ Board of Accountancy provide any and all pertinent information requested in this form to the Maine Board of Accountancy to complete an application filed with that agency.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY WHERE THE ABOVE NAMED CERTIFIED PUBLIC ACCOUNTANT IS CERTIFIED AND MAILED DIRECTLY TO THE MAINE BOARD OF ACCOUNTANCY AT THE ABOVE ADDRESS.**

**LICENSE TO PRACTICE PUBLIC ACCOUNTING**

1. ☐ Yes ☐ No The license/permit from this Board is in good standing and expires \_\_\_\_\_.
2. ☐ Yes ☐ No The applicant is currently licensed to engage in the practice of public accounting.
3. ☐ Yes ☐ No Has there ever been any disciplinary action instituted against the applicant? If yes, please explain.

Official Board Seal

\_\_\_\_\_  
Board/Agency

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license application will show up as PENDING at first. Once your license is issued the status will show up as ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405 (C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

### Before you seal the envelope, did you:

- ✓ Answer the criminal background disclosure questions
- ✓ Sign and date your application
- ✓ Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)  
DO NOT SEND CASH
- ✓ Complete every item on the application (incomplete applications may be returned)
- ✓ Make a copy of your application to keep for your records